

NBCOT Verification of Certification Request Form

COMMON QUESTIONS REGARDING NBCOT VERIFICATION OF CERTIFICATION TO STATE BOARDS AND OTHER AGENCIES

Who is NBCOT?

The National Board for Certification in Occupational Therapy, Inc. (NBCOT) is the independent national credentialing agency that certifies persons as an OCCUPATIONAL THERAPIST REGISTERED OTR® or as a CERTIFIED OCCUPATIONAL THERAPY ASSISTANT COTA®.

Score Information

If a state or other agency is asking for your **score report**, you will need to place your order with our testing agency, **Professional Examination Service (PES)**. You may call our office (301) 990-7979 and ask to be placed in the score information voice box, or you may obtain an order form on our web site: www.nbcot.org. NBCOT **does not** report scores. It is in your best interest to contact the board in the state in which you are applying for licensure to see which service it requires. You should ask: "Do I need a score report or a verification letter?"

Please note, if you were certified prior to **1985, your score information cannot be reported. **

Verification Fee and Processing Information

The fee for **each** verification letter request is **\$30.00**. NBCOT will accept a personal check, money order, or credit card payment -Visa or MasterCard. Requests submitted without the required fee will be returned. There is a \$30.00 fee for any returned check.

Verification fees are non-refundable. Please allow **3-4** weeks for your request to be processed and mailed.

Where should I send my request?

♦ Credit Card payments via fax: If you are paying by credit card, you may fax this form to: (301) 869-8492. Our fax machine is available 7 days a week, 24 hours a day. You are faxing to a secure location.

♦ Personal Check, Money Order, Credit Card, non-fax: Please mail your request to our bank lock box, **not** our street address. Submit your request to:
NBCOT, Inc.
Attn: Verification Letter
P.O. Box 64971
Baltimore, MD 21264-4971

♦ **NO PHONE ORDERS OF ANY TYPE ARE ACCEPTED** ♦

♦ Can I provide an overnight envelope to a state board?

♦ **YES.** If you wish to provide a **pre-paid, addressed, overnight/2-day** (Fed-Ex, UPS, Express, Priority) envelope to a state board or agency, please send your request to our street address:

NBCOT, Inc.
Attn: Verification Letter
800 South Frederick Ave
Suite 200
Gaithersburg, MD 20877

The name on my NBCOT record

If your name is different from what our certification records reflect, and you want the verification notice processed in your new name, the NBCOT requires legal documentation of the name change (i.e., marriage license, divorce decree, or court order). Submit an original certified copy or a notarized photocopy (i.e., copy the document and have it notarized) to reflect your change in name. Please attach your name change documentation to your verification request.

♦ If you are submitting a name change, you must **mail** your entire request (name change documents, fees, and this form) to the **Baltimore, MD address**. Faxed requests can **NOT** be honored. ♦

◆ **NBCOT VERIFICATION OF CERTIFICATION REQUEST FORM** ◆

Side 2 of 2

To request a letter verifying your NBCOT certification, complete this form. Please **print** or **type** your request. The letter NBCOT produces will include: your name, your certification number, the day- month-year you were certified, the day-month-year you are certified through (renewal date), your status as either an OTR® or COTA®, and a disciplinary comment. **REMINDER: THIS LETTER IS PROCESSED ONLY IF YOU HAVE TAKEN AND PASSED THE CERTIFICATION EXAMINATION.**

Please check one- I have: **A)** Faxed my verification request _____ **B)** Mailed my verification request _____

* If you have faxed your request, please allow ample processing time (one week) to verify receipt of your request.

◆ FULL NAME

◆ CERTIFICATION NUMBER

◆ STREET ADDRESS

◆ CIRCLE ONE: OTR® OR COTA®

◆ CITY, STATE, ZIP CODE, COUNTRY

◆ HOME AREA CODE/PHONE NUMBER

◆ SOCIAL SECURTIY NUMBER

◆ DAYTIME AREA CODE/PHONE NUMBER

◆ EMAIL ADDRESS

◆ STATE BOARD, EMPLOYER OR AGNECY TO RECEIVE VERIFICATION REQUEST. (If 2 or more state boards, please abbreviate – i.e. MD & VA)

◆ DATE OF BIRTH (Month/ Day / Year)

ADDITIONAL INFORMATION

1. Please **do not** enclose a self addressed stamped envelope (.37 cent SASE) to your state board.
2. Verification letters **cannot and will not** be faxed.
3. Please include the date you have taken the exam.
Month/Year _____
4. Please check here if you have enclosed name change documentation.

Name change documentation enclosed _____

If I have enclosed name change documentation and would like my notarized/certified documents returned, I have enclosed a Self-Addressed Stamped Envelope _____

QUESTIONS REGARDING MY VERIFICATION REQUEST

Please feel free to contact the NBCOT directly:
301-990-7979 X3131 or via e-mail: lillia.gill@nbcot.org

Verification Letter Order Date _____

METHOD OF PAYMENT: - \$ 30.00 per letter

A) Visa _____ MasterCard _____

Credit Card Number:

Expiration Date: Month _____ Year _____

Amount of Credit Card Charge: _____

Signature - Required for Credit Card Requests

Credit Card Billing Statement Address:

B) Check _____ Money Order _____